



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

OmniCare Health Plan, Inc.

NAIC Group Code	1137	, 1137	NAIC Company Code	12193	Employer's ID Number	20-1052897
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Other [] Is HMO, Federally Qualified? Yes [] No [X]					
Incorporated/Organized	04/22/2004			Commenced Business	10/01/2004	
Statutory Home Office	1333 Gratiot, Ste 400			Detroit, MI 48207		
	(Street and Number)			(City, State and Zip Code)		
Main Administrative Office	1333 Gratiot, Ste 400					
	Detroit, MI 48207			313-465-1519		
	(City, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	1333 Gratiot, Ste 400			Detroit, MI 48207		
	(Street and Number or P.O. Box)			(City, State and Zip Code)		
Primary Location of Books and Records	1333 Gratiot, Ste 400					
	Detroit, MI 48207			313-465-1519		
	(City, State and Zip Code)			(Area Code) (Telephone Number) (Extension)		
Internet Web Site Address	www.omnicarehealthplan.com					
Statutory Statement Contact	Kenyata J. Rogers			313-465-1519		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	KJRogers@cvty.com			313-465-1604		
	(E-Mail Address)			(Fax Number)		

OFFICERS

Name	Title	Name	Title
Beverly Ann Allen	President and Chief Executive Officer	Kenyata Jamilea Rogers	Chief Financial Officer
John Joseph Ruhlmann #	Corporate Controller & Treasurer	Shirley Ann Roquemore_Smith	Secretary

OTHER OFFICERS

Jonathan David Weinberg	Assistant Secretary	Melinda L. Tuozzo #	Assistant Treasurer
Yekaterina Bogush #	Actuary		

DIRECTORS OR TRUSTEES

Beverly Ann Allen	Paul C. Conlin	Tiawauna Lowe	Claudia Bjerre
Ernestine Romero			

State of Michigan
County of Wayne

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Beverly Ann Allen President and Chief Executive Officer	Kenyata Jamilea Rogers Chief Financial Officer	John Joseph Ruhlmann Corporate Controller & Treasurer
Subscribed and sworn to before me this _____ day of February, 2010		
Rochelle D. Jenkins Notary Public December 25, 2012		
a. Is this an original filing? Yes [X] No []		
b. If no:		
1. State the amendment number _____		
2. Date filed _____		
3. Number of pages attached _____		

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EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	46,550,625	28.9	53,912	100.0		46,550,625
2. Intermediaries	4,176,592	2.6		0.0		4,176,592
3. All other providers	1,250,963	0.8		0.0	0	1,250,963
4. Total capitation payments	51,978,180	32.3	53,912	100.0	0	51,978,180
Other Payments:						
5. Fee-for-service	30,430,179	18.9	XXX	XXX		30,430,179
6. Contractual fee payments	77,820,293	48.4	XXX	XXX		77,820,293
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	690,298	0.4	XXX	XXX		690,298
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	108,940,770	67.7	XXX	XXX	0	108,940,770
13. Total (Line 4 plus Line 12)	160,918,950	100 %	XXX	XXX	0	160,918,950

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	168,927		130,248	38,679	38,679	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	168,927	0	130,248	38,679	38,679	0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		OmniCare Health Plan, Inc.					2. _____			
NAIC Group Code	1137	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2009			(LOCATION)		NAIC Company Code 12193
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	54,707								54,707	
2. First Quarter	54,522								54,522	
3. Second Quarter	53,590								53,590	
4. Third Quarter	54,677								54,677	
5. Current Year	53,912		0						53,912	
6. Current Year Member Months	648,845								648,845	
Total Member Ambulatory Encounters for Year:										
7. Physician	426,654								426,654	
8. Non-Physician	73,777								73,777	
9. Total	500,431	0	0	0	0	0	0	0	500,431	0
10. Hospital Patient Days Incurred	34,095								34,095	
11. Number of Inpatient Admissions	7,922								7,922	
12. Health Premiums Written (b).....	189,912,920								189,912,920	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	189,912,920								189,912,920	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	160,918,950								160,918,950	
18. Amount Incurred for Provision of Health Care Services	161,516,327								161,516,327	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

OmniCare Health Plan, Inc.

2. _____

(LOCATION)

NAIC Group Code	1137	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2009				NAIC Company Code		12193
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	54,707	.0	.0	.0	.0	.0	.0	.0	54,707	.0
2. First Quarter	54,522	.0	.0	.0	.0	.0	.0	.0	54,522	.0
3. Second Quarter	53,590	.0	.0	.0	.0	.0	.0	.0	53,590	.0
4. Third Quarter	54,677	.0	.0	.0	.0	.0	.0	.0	54,677	.0
5. Current Year	53,912	0	0	0	0	0	0	0	53,912	0
6. Current Year Member Months	648,845	0	0	0	0	0	0	0	648,845	0
Total Member Ambulatory Encounters for Year:										
7. Physician	426,654	.0	.0	.0	.0	.0	.0	.0	426,654	.0
8. Non-Physician	73,777	0	0	0	0	0	0	0	73,777	0
9. Total	500,431	0	0	0	0	0	0	0	500,431	0
10. Hospital Patient Days Incurred	34,095	0	0	0	0	0	0	0	34,095	0
11. Number of Inpatient Admissions	7,922	0	0	0	0	0	0	0	7,922	0
12. Health Premiums Written (b).....	189,912,920	.0	.0	.0	.0	.0	.0	.0	189,912,920	.0
13. Life Premiums Direct.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/Casualty Premiums Written.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....	189,912,920	.0	.0	.0	.0	.0	.0	.0	189,912,920	.0
16. Property/Casualty Premiums Earned.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Amount Paid for Provision of Health Care Services	160,918,950	.0	.0	.0	.0	.0	.0	.0	160,918,950	.0
18. Amount Incurred for Provision of Health Care Services	161,516,327	0	0	0	0	0	0	0	161,516,327	0

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
				NONE							
0399999 Totals						0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
Total Authorized General Account - Affiliates												
81973	75-1296086	10/01/2004 01/01/3000	Coventry Health & Life Insurance Company	Delaware, USA	SSL/I/A	1,102,982						
0199999 - Total Authorized General Account - Affiliates						1,102,982	0	0	0	0	0	0

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Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	1,103	1,139	1,159	1,081	817
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	532	470	387	9	500
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	38,301,088		38,301,088
2. Accident and health premiums due and unpaid (Line 13)	0		0
3. Amounts recoverable from reinsurers (Line 14.1)	532,130	(532,130)	0
4. Net credit for ceded reinsurance	XXX	532,130	532,130
5. All other admitted assets (Balance)	5,065,472		5,065,472
6. Total assets (Line 26)	43,898,690	0	43,898,690
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	17,013,266	0	17,013,266
8. Accrued medical incentive pool and bonus payments (Line 2)	638,695		638,695
9. Premiums received in advance (Line 8)	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		0
11. Reinsurance in unauthorized companies (Line 18)	0		0
12. All other liabilities (Balance)	3,255,669		3,255,669
13. Total liabilities (Line 22)	20,907,630	0	20,907,630
14. Total capital and surplus (Line 31)	22,991,060	XXX	22,991,060
15. Total liabilities, capital and surplus (Line 32)	43,898,690	0	43,898,690
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	0		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	532,130		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	532,130		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	532,130		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only									
		1	2	3	4	5	6				
States, Etc.		Life (Group and individual)	Annuities (Group and individual)	Disability Income (Group and individual)	Long-Term Care (Group and individual)	Deposit-Type Contracts	Totals				
1. Alabama	AL						0				
2. Alaska	AK						0				
3. Arizona	AZ						0				
4. Arkansas	AR						0				
5. California	CA						0				
6. Colorado	CO						0				
7. Connecticut	CT						0				
8. Delaware	DE						0				
9. District of Columbia	DC						0				
10. Florida	FL						0				
11. Georgia	GA						0				
12. Hawaii	HI						0				
13. Idaho	ID						0				
14. Illinois	IL						0				
15. Indiana	IN						0				
16. Iowa	IA						0				
17. Kansas	KS						0				
18. Kentucky	KY						0				
19. Louisiana	LA						0				
20. Maine	ME						0				
21. Maryland	MD						0				
22. Massachusetts	MA						0				
23. Michigan	MI	0	0	0	0	0	0				
24. Minnesota	MN						0				
25. Mississippi	MS						0				
26. Missouri	MO						0				
27. Montana	MT	NONE					0				
28. Nebraska	NE										0
29. Nevada	NV										0
30. New Hampshire	NH										0
31. New Jersey	NJ										0
32. New Mexico	NM										0
33. New York	NY										0
34. North Carolina	NC										0
35. North Dakota	ND										0
36. Ohio	OH										0
37. Oklahoma	OK					0					
38. Oregon	OR					0					
39. Pennsylvania	PA					0					
40. Rhode Island	RI					0					
41. South Carolina	SC					0					
42. South Dakota	SD					0					
43. Tennessee	TN					0					
44. Texas	TX					0					
45. Utah	UT					0					
46. Vermont	VT					0					
47. Virginia	VA					0					
48. Washington	WA					0					
49. West Virginia	WV					0					
50. Wisconsin	WI					0					
51. Wyoming	WY					0					
52. American Samoa	AS					0					
53. Guam	GU					0					
54. Puerto Rico	PR					0					
55. U.S. Virgin Islands	VI					0					
56. Northern Mariana Islands	MP					0					
57. Canada	CN					0					
58. Other Alien	OT					0					
59. Totals		0	0	0	0	0	0				

NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	52-2073000	Coventry Health Care Inc.	188,308,641	(293,750,000)			422,068,683				316,627,324	
	51-0406894	Coventry Financial Mgmt Services, Inc.					5,032,796				5,032,796	
96460	51-0293139	Coventry Health Care of Delaware, Inc.					(13,521,508)	(1,573,262)			(15,094,770)	3,257,887
95282	51-0353639	Coventry Health Care of Georgia, Inc.	(3,000,000)	600,000			(27,240,617)	(1,576,047)			(31,216,664)	1,158,048
	52-1801446	Group Dental Services, Inc.					5,475,191				5,475,191	
	52-2248239	Coventry Services Corporation					7,376,791				7,376,791	
95241	42-1244752	Coventry Health Care of Iowa, Inc.					(8,856,008)	(1,797,409)			(10,653,417)	1,190,959
95925	42-1308659	Coventry Health Care of Nebraska, Inc.					(1,199,663)	(1,350,487)			(2,550,150)	730,923
95283	51-0353638	Coventry Health Care of Pennsylvania, In.					(54,138)				(54,138)	
95173	74-2381406	Coventry Health Care of Louisiana, Inc.	(6,000,000)				(8,560,716)	(144,204)			(14,704,920)	1,733,478
95060	25-1264318	HealthAmerica Pennsylvania Inc.	(16,000,000)				(15,245,098)	(1,935,477)			(33,180,575)	879,994
	23-2366731	HealthAssurance Pennsylvania, Inc.	(24,000,000)	7,000,000			(82,276,458)	(5,444,314)			(104,720,772)	5,292,946
	47-0854096	Coventry Prescription Mgmt Services, Inc.					(161,889,989)				(161,889,989)	
81973	75-1296086	Coventry Health & Life Insurance Company		179,000,000			(195,674,784)	36,694,354			20,019,570	(29,785,201)
	26-3525878	Group Health Plan of Delaware, LLC									0	0
96555	54-1576305	Southern Health Services, Inc.	(5,000,000)				(16,069,785)	(2,881,232)			(23,951,017)	838,138
	01-0646056	Coventry Transplant Network, Inc.					(103,501)				(103,501)	
96377	43-1372307	Group Health Plan, Inc.	(103,308,641)				(41,195,154)	(1,356,427)			(145,860,222)	928,431
95318	43-1702094	HealthCare USA of Missouri, LLC	(10,000,000)				(34,509,033)	(5,627,648)			(50,136,681)	4,070,277
95489	48-0840330	Coventry Health Care of Kansas, Inc.	(11,000,000)				(15,275,251)	(1,807,140)			(28,082,391)	1,468,745
	25-1794529	Coventry Management Services, Inc.					566,153,459				566,153,459	
95408	55-0712129	Carelink Health Plans, Inc.					(12,745,342)	(1,268,811)			(14,014,153)	687,251
	20-0635523	WellPath Preferred Services, Inc.					(8,410,363)				(8,410,363)	
95321	20-0229117	WellPath Select, Inc.					(8,941,469)	(1,249,942)			(10,191,411)	1,295,955
11531	02-0639951	CHC Casualty Risk Retention Group, Inc.					11,901,882				11,901,882	
	62-1411933	Coventry Health Care Mgmt Corp.					(27,944,183)				(27,944,183)	
	20-1736437	First Health Group Corp.					(147,878,155)				(147,878,155)	
12604	20-4647469	WellPath of South Carolina, Inc.		3,250,000			389,463	(210,070)			3,429,393	97,160
74160	37-1241037	PersonalCare Insurance of Illinois, Inc.	(10,000,000)				(24,923,101)	(452,999)			(35,376,100)	1,053,185
12193	20-1052897	OmniCare Health Plan, Inc.					(8,721,890)	(1,041,333)			(9,763,223)	532,129
95407	87-0345631	Altius Health Plans, Inc.					(31,239,974)	(1,926,906)			(33,166,880)	492,488
	51-0410308	HelathAssurance Financial Services, Inc.					8,084,761				8,084,761	
	20-4416606	HealthCare USA of Tennessee, LLC					54				54	
	26-1582982	MHNet Specialty Services, LLC					801,512				801,512	
	20-8070994	CHC National Accounts, Inc.					1,963				1,963	
	20-5185442	CHC National Network, Inc.					333				333	
	20-8217339	Coventry Product Services, Inc.					59,505,248				59,505,248	
	20-8376354	CHC Workers' Compensation, Inc.					(22,316,194)				(22,316,194)	
	20-1130063	Florida Health Plan Administrators, LLC					71,487,622				71,487,622	
	26-1293772	Coventry Consumer Advantage, Inc.					(69,218)				(69,218)	
	26-3525762	Coventry PDP Rebate Administrators, LLC									0	
	26-3525637	Coventry Pharmacy Rebate Admin., LLC									0	

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

10.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
11.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
14.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....

APRIL FILING

17.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
18.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
19.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?


.....NO.....


Explanation:


10.
11.
12.
13.
14.
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18.
19.


Bar code:


10.


1 2 1 9 3 2 0 0 9 3 6 0 5 9 0 0 0
11.







1 2 1 9 3 2 0 0 9 2 0 5 0 0 0 0 0
12.


1 2 1 9 3 2 0 0 9 2 0 7 0 0 0 0 0
13.


1 2 1 9 3 2 0 0 9 4 2 0 0 0 0 0 0
14.


1 2 1 9 3 2 0 0 9 3 7 1 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

15.	 1 2 1 9 3 2 0 0 9 3 7 0 0 0 0 0 0
16.	 1 2 1 9 3 2 0 0 9 3 6 5 0 0 0 0 0
17.	 1 2 1 9 3 2 0 0 9 3 0 6 0 0 0 0 0
18.	 1 2 1 9 3 2 0 0 9 2 1 1 5 9 0 0 0
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